



Arizona Corporation Commission

APPLICATION FOR RESERVATION OF A CORPORATE NAME

THIS RESERVATION IS FOR A PERIOD OF 120 DAYS PURSUANT TO THE PROVISIONS OF A.R.S. §10-402, §10-3402, & §29.603. THIS APPLICATION MUST BE ACCOMPANIED BY THE APPLICATION FEE OF \$10.00 (FOR REGULAR SERVICE) OR \$45.00 (\$10.00 APPLICATION FEE PLUS \$35.00 EXPEDITE FEE) – (A.R.S. §10-122 and §29-851) MADE PAYABLE TO THE ARIZONA CORPORATION COMMISSION.

NAME TO BE RESERVED: (Include any corporate identifiers. For a list of identifiers, refer to the Naming Standards on the Commission's web site)

Name of Applicant executing the reservation

(Note: this name ***MUST*** be listed in the subsequent filing of articles)

By affixing the name above, the applicant is hereby executing the name reservation.

Address

City, State, Zip

Indicate Initial Entity Type: (choose one only)

- | | | |
|---|--|---|
| <input type="checkbox"/> BUSINESS CORPORATION | <input type="checkbox"/> LIMITED LIABILITY COMPANY | <input type="checkbox"/> NON-PROFIT CORPORATION |
| <input type="checkbox"/> PROFESSIONAL CORPORATION | <input type="checkbox"/> PROFESSIONAL L.L.C. | <input type="checkbox"/> CLOSE CORPORATION |
| <input type="checkbox"/> CO-OPERATIVE | <input type="checkbox"/> NAME REGISTRATION | <input type="checkbox"/> NON-FILING INSURANCE |
| <input type="checkbox"/> LOAN | <input type="checkbox"/> CORPORATE SOLE | <input type="checkbox"/> CREDIT UNION |
| | <input type="checkbox"/> TRUST | |

Fee included: (check one)

- ☐ \$10.00 Name Reservation (Regular Service)
- ☐ \$45.00 Expedite service (\$10.00 Name Reservation + \$35.00 expedited service)

Party Filing the Application

Upon receipt the filer will receive a written confirmation indicating the approval or denial of the reservation. This documentation will be delivered via

(Check one below):

- ☐ Fax: (____) _____ ☐ Pickup by Filer: (____) _____
- ☐ Mail to: _____

(Address if different than applicant)

Submit
Application to: Arizona Corporation Commission
Corporate Filings Section
1300 W Washington
Phoenix AZ 85007

FAX: 602-542-4100

FOR ACC USE ONLY

Doc Id _____
Doc Type _____
File Number _____
Date Recvd _____
Status _____